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**** CONTINUING DATA *******

This application is a CIP of 10/633,445 08/01/2003 ABN
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 which claims benefit of 60/437,507 12/31/2002

**** FOREIGN APPLICATIONS *********** IF REQUIRED, FOREIGN FILING LICENSE GRANTED *** SMALL ENTITY ****
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Foreign Priority claimed 35 USC 119(a-d) conditions met	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Met after Allowance Treats	STATE OR COUNTRY MD	SHEETS DRAWINGS 3	TOTAL CLAIMS 38	INDEPENDENT CLAIMS 4
Verified and Acknowledged Examiner's Signature						

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TITLE

Methods for making pharmaceutical dosage forms containing active cushioning components

FILING FEE RECEIVED 666	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit